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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None TL*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None TL*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CO	5	20	3
Verified and Acknowledged	<i>Colman</i> <i>TL</i> Examiner's Signature Initials				

## ADDRESS

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## TITLE

Method and apparatus for detecting and correcting invalid test definition data

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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